

PRODUCT QUALITY DEFICIENCY INVESTIGATION REPORT		1. INVESTIGATOR'S CONTROL NUMBER
2. FROM:		4. ORIGINATOR'S CONTROL NUMBER
		5. CONTRACT NUMBER
3. TO: <i>(Type full address within brackets below)</i> <div></div>		6. NSN
		7. MANUFACTURER'S PART NUMBER
8. NOMENCLATURE		
9. NAME AND ADDRESS OF COMPLAINT INITIATOR	10. NAME AND ADDRESS OF CONTRACTOR	
11. REFERENCES AND DESCRIPTION OF DEFICIENCY		
12. CAUSE OF DEFICIENCY		
13. CORRECTIVE ACTION <i>(BY CONTRACTOR)</i>		
(FORM CONTINUES ON REVERSE SIDE)		

14. CORRECTIVE ACTION (By Government)

15. EVALUATION OF CURRENT PRODUCTION

16. CONTRACTOR'S POSITION WITH RESPECT TO REPAIR OR REPLACEMENT

17. REMARKS AND/OR RECOMMENDATIONS

18. ENCLOSURES TO THIS REPORT AND DISTRIBUTION OF COPIES

19. TYPE OF REPLY

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INTERIM

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FINAL

19A. REPLY DATE

20. PREPARED BY

21. RECEIVED BY

22. APPROVED BY